

NOTICE OF ASSIGNMENT OF COUNSEL		ASSIGNMENT NUMBER C 2398525-3 (1)		COMMONWEALTH OF MASSACHUSETTS	
DATE OF ASSIGNMENT (2)		NAME OF ASSIGNING JUDGE (3)		COURT DIVISION (5) <input type="checkbox"/> JURY SESSION (Check Here)	
NAME OF PERSON FOR WHOM COUNSEL ASSIGNED (4)				(5) WILL BE PREPRINTED WITH COURT NAME AND ADDRESS	
<input type="checkbox"/> Juvenile (J) (6) <input type="checkbox"/> Adult (A)		Language if not English (7)			
DOCKET NO. (8)	CRIMINAL CASES—ENTER OFFENSE CODE OR CHAPTER & SECTION WITH CHARGE				
	OFFENSE CODE (9)	CHAPTER	SECTION	CHARGE	
A					
B					
C					
D					
E					
F					

NON-CRIMINAL CASES (10)	
<input type="checkbox"/> 1001 c.119, §§23(C), 29 <input type="checkbox"/> 1002 c.210, §3/DPW v.JKB <input type="checkbox"/> 1003 Civil Commit c.123, §7, 8 <input type="checkbox"/> 1017 Writ of Apprehension c.123, §12(a) <input type="checkbox"/> 1018 Commitment of Alcoholics c.123, §35 <input type="checkbox"/> 1019 Commitment/Guardianship of Mentally Retarded Persons c.201, §5A <input type="checkbox"/> 1004 Commitment Review <input type="checkbox"/> 1005 c.112, §12S <input type="checkbox"/> 1026 Commitment Appeal c. 123, §9(a) <input type="checkbox"/> 1007 SDP Review (c. 123A, §9)	<input type="checkbox"/> 1008 CHINS (c.119, §39F) <input type="checkbox"/> 1009 Rogers <input type="checkbox"/> 1010 Spring/Saikewicz <input type="checkbox"/> 1011 Probate Contempt <input type="checkbox"/> 1012 Housing Contempt <input type="checkbox"/> 1013 Foster Care Review <input type="checkbox"/> 1014 Elderly Abuse <input type="checkbox"/> 1015 c. 201, §5, 14 Guardianship <input type="checkbox"/> 1016 C&P (c.119, §52A, 29) <input type="checkbox"/> 1020 Disabled Persons (c.19C, §7) Petition for Protective Services
THIS FORM IS NOT FOR GUARDIAN AD LITEM ASSIGNMENTS	

NEXT COURT DATE (11) / /		INCARCERATION STATUS (12) <input type="checkbox"/> Released <input type="checkbox"/> Not Released Bail \$ _____ No Bail _____ <input type="checkbox"/> Serving Other Sentence <input type="checkbox"/> Committed <input type="checkbox"/> Not Applicable		POST-TRIAL CRIMINAL CASES ONLY PURPOSE OF ASSIGNMENT <input type="checkbox"/> Appeals Court or SJC (A) <input type="checkbox"/> Revise and Revoke (R) <input type="checkbox"/> Sentence Appeal (S) <input type="checkbox"/> New Trial Motion (N) <input type="checkbox"/> Probation Surrender (P) <input type="checkbox"/> Other (O)	
FOR: (13) <input type="checkbox"/> Bench or Jury Trial (T) <input type="checkbox"/> Pre-Trial (P) <input type="checkbox"/> Probable Cause (C) <input type="checkbox"/> Other (O)					

INDIGENCY DETERMINATION (14)
 The court has found the above-named person
☐ Indigent or ☐ Indigent but able to contribute \$ _____
 The attorney or organization listed below is assigned to represent this person in this action.

CHECK ONE OF THE FOLLOWING:

<input type="checkbox"/> Public Defender Division (15) Local Office # _____ (See reverse side for address and telephone number.) <input type="checkbox"/> Student Attorney under Rule 3:03 (16) Name of Program _____ <input type="checkbox"/> Attorney to be named by CPCS for Appeals Court/SJC/Murder Cases/ Rule 30 Motions/SDP Send to: CPCS (17) 470 Atlantic Ave., Suite 700 Boston, MA 02210	<input type="checkbox"/> Private Counsel Attorney (18A) PLEASE PRINT BBO# _____ (18B) NAME FIRST MIDDLE LAST STREET CITY STATE ZIP TELEPHONE CRIMINAL CASE INFORMATION CONTACT: BAR ADVOCATE PROGRAM NO. _____ (SEE REVERSE SIDE FOR ADDRESS AND TELEPHONE NUMBER.)
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(20)		(19)	
<input type="checkbox"/> Assignment For Purpose of Bail Hearing, Bail Review or Arraignment Only		AUTHORIZED SIGNATURE _____ PRINT NAME _____	

INSTRUCTIONS TO THE COURT

- Forward white copy to Committee for Public Counsel Services, 470 Atlantic Ave., Suite 700, Boston, MA 02210
- Retain green copy for court file.
- Remaining copies are color coded as follows: pink—client, blue—bar advocate program, goldenrod—attorney.

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